

EXHIBIT O



**Office of
Mental Health**

ANDREW M. CUOMO
Governor

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Commissioner

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Executive Director

PSYCHOLOGICAL AUTOPSY

IDENTIFYING DATA:

Name: King, Joseph
C#: 243229
DIN: 13A3662
DOB: 05/03/1968 (50)
DOD: 11/16/2018

Facility: Midstate Correctional Facility
Housing Location: General Population - dorm
Time Discovered: 2:50 am
Method: Hanging
MH Level: 1S
Date of Report: 03/21/2019

- MENTAL HEALTH/MEDICAL DIAGNOSES:

At the time of his death, Mr. King was open to services as a mental health level 1S. He was diagnosed with Adjustment Disorder with Mixed Anxiety and Depression; Alcohol Use Disorder, Mild; Cannabis Use Disorder, Mild. He did not have any reported or documented physical health concerns.

INCIDENT DESCRIPTION:

According to available information, at approximately 2:50 am the unit officer heard a bang from the bathroom area. After entering the bathroom, he noticed a towel over a stall door and sneakers on the floor. He asked who was there, no one answered; he opened the stall to find it empty. Mr. King was found sitting on the floor of the adjacent stall with a shoestring tied around his neck and the electrical conduit on the ceiling. The unit officer broke the shoestring, laid Mr. King on the floor, removed the string and called for a medical emergency via his radio. The unit officer began cardiopulmonary resuscitation (CPR) while the area rover arrived with the first aid kit and the automated electronic defibrillator (AED). The AED was applied at 2:52 am with no shock advised. The officers continued CPR while waiting for medical to respond and the sergeant called for an ambulance. The Registered Nurse arrived at 2:55 am, noted the patient appeared cyanotic with a red mark around his neck and no pulse/not breathing. He was unresponsive to noxious stimuli, was given oxygen, and was unresponsive to two doses of Narcan. The ambulance arrived at approximately 3:20am with the response team taking over care. The ambulance left the facility at 3:25 am transporting Mr. King to St. Elizabeth's Hospital where he was pronounced dead by the emergency room doctor.

SOURCES OF INFORMATION:

Suicide Data Sheet
MHARS
FPMS
Clinical Record
Unusual Incident Report (UI)

High Profile Incident
Presentencing Investigation Report (PSR)
Interviews with OMH staff



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RELEVANT SOCIAL AND DEVELOPMENTAL HISTORY:

Mr. King was a 50-year-old Caucasian male serving his first New York State incarceration. His parents were married and living together at the time of his birth. It was reported that he was raised in the area of Moriah, New York his whole life with his parents and six older siblings. His father died in 2006 following a period of being ill. His mother passed away in May of 2018. Mr. King remained in contact with his family while incarcerated having regular phone calls and some visits from his mother and a few of his siblings. The PSR documented that Mr. King graduated from Moriah Central School in 1988. He completed the Auto Mechanics vocational program at CT Tech in Mineville and attended North Country Community College for two semesters studying liberal arts.

Mr. King was married to his wife with whom he had two children, a boy, age 20 and girl, age 25. Mr. King, his wife, and his son were living at his mother's house prior to his arrest, to help take care of his father when alive and then his mother. Mr. King had regular contact with his children and wife while he was incarcerated.

It was documented that Mr. King was employed at Mountain Lake Service for over nine years in Direct Support Services. He also worked as a third shift stocker/maintenance position at Walmart for the two years prior to his arrest, and provided day labor in Port Henry.

PSYCHIATRIC HISTORY:

Mr. King's PSR noted a history of mental health treatment beginning in 2009. He reported going to Champlain Valley Physicians Hospital (CVPH) emergency room with symptoms of depression and anxiety, but it was noted that he reported "thoughts of shooting himself" and was experiencing a "nervous breakdown as noted during the time of his emergency room visit. When incarcerated in County Jail in 2012 he met with therapists at Essex county Mental Health for depression and boredom. He also participated in an Adult Comprehensive Assessment in July 2013 through Essex County Mental Health, whereby he was diagnosed with Anxiety Disorder NOS, Alcohol Dependence, Full Sustained Remission, Cannabis Dependence, Full Sustained Remission per self-report, Rule out Dysthymia.

A review of PSYCKES indicated that Mr. King met with a primary care physician and nurse practitioner several times in 2009, 2011, and 2013. He was diagnosed with and treated for anxiety and alcohol use.

Upon entry to Clinton Correctional Facility on August 15, 2013, Mr. King was admitted to mental health services due to an active medication order for Trazadone, Celexa, and Vistaril. He was then transferred to Downstate Correctional Facility and seen on August 20, 2013. He reported that he engaged in outpatient mental health treatment through Ticonderoga Health Center from 2009-2013. He also reported engaging in self-harm by means of cutting from ages 15-17 years old to relieve stress.



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Mr. King was often seen by the psychiatrist every 60 days as opposed to 90 days as indicated by policy. When he met with the psychiatrist, he regularly had complaints about his anxiety and depression and asked for a medication increase or medication change. This continued throughout his incarceration, but became more prevalent the last year when he became more demanding of changes. He became frustrated with the psychiatrist when his medication was not changed. Mr. King expressed frustrations with his treatment when the psychiatrist discontinued Mr. King's medication due to his increased use of Suboxone. The psychiatrist attempted to educate him on medication not being a solution to all his symptoms, as well as the possible interactions of his medication and using illicit substances. His medication was changed seven times over his incarceration. His medication orders for October 16, 2018 read: Discontinue Zoloft 20 mg po qpm, start Prozac 20 mg po qam, and continue Trazadone 50 mg po qpm. On November 6th, his order read: Discontinue Prozac 20 mg po qam and Trazadone 50 mg po qpm.

In 2013 Mr. King was transferred to Franklin Correctional Facility. During that time, three of his monthly contact notes by the clinician were documented as Video Teleconference (VTC) contacts for the psychiatrist with no other monthly clinician notes documenting contact. Notes reflect he attended regular callouts and appeared to be stable with an occasional report of anxiety. He was then transferred to Midstate Correctional Facility in February of 2015. It was noted he did not want to be there and that he began reporting an increase in anxiety and difficulties coping. Mr. King was provided with homework by his clinician, but was only minimally compliant with completing the homework.

A clinician note from February of 2016 documents that Mr. King received 24 months after attending the parole board. On July 11, 2016 Mr. King made a suicide attempt by tying a shoe lace around his neck to the ceiling in the housing unit stairwell, standing on the rail and leaning forward until he blacked out. The shoelace broke and he fell to the floor hitting his nose against the ground. Following the attempt, he was housed in the RCTP infirmary and OBS for monitoring. When asked about the attempt he reported to staff "I don't know [why]. I can't believe I did this." He expressed shame to the staff at his attempt and how he could put his family through such a thing. On July 15th, it was noted that his medication was discontinued, which he was upset about, stating that he needed them. This was due to withdrawing from illicit substances that he ingested prior to his attempt. On the evening of the 16th, he was transferred by a lieutenant to SHU on a 1:1 watch due to decompensation and being demanding of medication from staff. He remained there for two days as there was no room in RCTP OBS. He was subsequently transferred back to OBS.

When seen by staff on the 19th, he minimized his behaviors, reporting they were due to a lack of sleep and lack of medication. He was informed that his wife tried to see him and he responded with, "If I would have known that, I wouldn't have done what I did... It's your fault because the medication stopped." He was transferred back to the dorm. During this time, he went on a visit with his wife, who then called the facility expressing concern about a conversation that they had. The wife reported he said "[he] didn't know if he was ever going to see her again" and he requested specific cigarettes from her, which he had not done before.



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He was seen by OMH and minimized the conversation and was requesting to be discharged from RCTP. From July 19th to his level change and discharge on August 8th, there are only nursing notes documenting his stay in RCTP apart from one on July 27th about his wife and on August 4th when he was discharged.

Mr. King was seen by staff at Midstate Correctional Facility on August 9th and complained that he was not on medication and needed to be put on something. He stated "I was told that they have to give me medication because I am a 1S." Throughout the rest of 2016 and well into 2017, he had periods of stability mixed with reports of high anxiety. In January of 2018, the clinician expressed concern that Mr. King resigned from his job on the painting crew, which was something he enjoyed and was a main coping mechanism for being incarcerated. In February, he was no longer attending Alcoholic Anonymous and Narcotics Anonymous, support groups because stating he "had been attending for five years and was tired of going." In March, he informed staff that his mother was sick and in the hospital and presented as appropriately upset by this information, but did not want any handout on managing grief. In April of 2018 he reported that he was feeling "down" about his mother's health and was no longer attending church. Mr. King subsequently reported that his mother passed away. Mr. King expressed frustration with the mental health symptoms that he was experiencing, such as being depressed, anxious, not having an appetite, and not being able to sleep. He did endorse being placed back into ASAT and working on the grounds.

Clinician notes document Mr. King presenting with low motivation for treatment, increased reports of anxiety, and constant demands to see the psychiatrist for changes in his medication. In June, he was brought to the outside hospital due to being unresponsive; he was treated for low sodium levels and dehydration. His medication was tapered off by the psychiatrist to see how he managed and if there was a need to start him on something new. Mr. King was reporting experiencing panic attack in July and described them as pacing, heart racing, trouble breathing, and sleep difficulties. He was placed on Zoloft and informed that it might take some time for the medication to reach full effect. His response was, "are you kidding me?" as he wanted something to work immediately. On August 27, 2018, he was seen by his clinician and psychiatrist. He reported that the medication was not addressing his symptoms of remaining in bed all day but unable to sleep. He reported "I'm tired of doing the same thing every day. I can't take this anymore." He reported that he last used Suboxone three weeks earlier and when the clinician discussed consequences, he reported, "I'll tell you right now, if I go to the box, I will be suicidal." He reported using illicit substances and that it was due to visits with his wife going bad. Of note, records indicated that his wife had not been on a visit since April of 2018. He was again removed from his drug treatment programming due to his drug use and ticket as e reported and ticket documented in Blues.

The following month he reported that he felt terrible, had anxiety, depression, and low motivation. Mr. King stated, "I don't know what to do, what medication can I get?" The clinician attempted to discuss coping skills and what he can do in addition to medication. Mr. King expressed concern for his January 2019 board stating "I don't know what I'm going



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to do if I have to stay incarcerated for another two years. I'm so bored. This isn't fair, I got too much time. I want to go home."

Mr. King's October 26th callout was cancelled and rescheduled for November 2nd, which he attended. As with previous appointments, he spoke about his anxiety and feeling edgy, and how he would never hurt himself again. He was not taking the prescribed medication as it was making him "feel weird." He spoke about working as a porter, waiting for an opening to get back into ASAT, having regular contact with his family, and again going to church and AA meetings.

Mr. King was found hanging in a stall in the unit bathroom at 2:50 am on November 16, 2018.

LEGAL HISTORY:

Per FPMS and the PSR, Mr. King's criminal record began in 1989. It was recorded that he had seven arrests including for criminal mischief 4th degree, two counts; three DWI convictions resulting in fines and suspended license; and criminal possession of a controlled substance, pending.

Mr. King was serving 4-12 years for Arson 3rd degree, reckless endangerment 2nd- two counts, criminal mischief 4th – two counts, obstructing a firefighter's operation, and aggravated DWI. As reported in the PSR, police received a call about a car and building fire around midnight of 01/02/2012. There were reports of a suspicious vehicle; when pulled over, Mr. King was in the car. He was tested to have a .19% alcohol level. It was reported that Mr. King broke into and set fire to the building of his former employer. It was also reported that while he was driving in the area, he pinned an individual trying to stop him between two cars and damaged fire department equipment. It was reported he drove to the house of the company owner's family, destroying their lawn and making threats.

While incarcerated, Mr. King obtained two tier 2 tickets and three tier 3 tickets. The Tier 3 tickets were for drug use and unauthorized medication, the last being issued in May of 2018.

MEDICAL HISTORY:

FPMS documented that Mr. King was placed on 1:1 medical medication (unable to self-carry) on January 4, 2014. He was diagnosed with Hypertriglyceridemia and radiating back pain. Records document that Mr. King sustained three head injuries at ages 19, 22, and 39. Each time he was intoxicated, and each time he lost consciousness and was told that he should not drink again due to the severity of his head injuries. From the head injuries, he reported headaches, memory loss, depression, and anxiety.

SUBSTANCE ABUSE HISTORY:

Per available records, Mr. King began drinking alcohol at the age of eight when he accompanied his parents to parties and bars. He reported that by the 7th grade he and his friends were drinking three times weekly. He reported that he "drank fast to get drunk" and



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would drink to the point of passing out. He would become intoxicated daily by the age of 18. As noted in his PSR, he had multiple arrests for driving while intoxicated. There was some period of a decrease in his drinking due to the birth of his daughter and medical issues, but these periods did not appear to last long.

Mr. King first used cannabis in the 4th grade with family members. He reported that when he was in high school, he engaged in daily use, with his use increasing to five times per day until his incarceration. He also reported using LSD 10-15 times while in high school.

Mr. King received outpatient substance abuse treatment through St. Joseph's Outpatient while in jail and at the clinic while in the community during which he was an active participant and completed the program. He participated in substance abuse treatment while incarcerated. Beginning in 2017, Mr. King began obtaining misbehavior reports for drug use and reported to his clinician and psychiatrist regular substance abuse the last year of his life.

ADDITIONAL RECORD REVIEW:

LETTERS/NOTES:

A letter was found in Mr. King's property stating the following:

Page 1

*Could you Please send this out for me
Thank you*

Page 2

11/15/18

Amy,

I Love you! I guess I just have to let you do what you want. I just hope I can talk to you every day and you still come to visit me until I come home. I pray there is still hope for our relationship when I return. This is really going to be ~~4~~ very, very hard for me to accept. Because I need your help to get me through this. I need you in my life and always will. I will never forgive my-self for this I am such a fool. I just pray to God there is still hope for us. I've [sic] been listening to the radio[sic] and so many songs make me think of you like I wish I had Jessies girl by Rick

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Sprungfield [sic] and it just kills me that why I don't like to listen to the radio, your always on my mind by Willie Nelson. Just keeps going through my mind everyday [sic]. I just cant handle this. I just got off the phone with you. And you get so aggravated [sic] with me. I really think you want to end our relationship. I dont want



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to hurt you. Or the kids but I don't really think I'll make it through the night. I feel its time so say goodbye. I hope your happy to do what you want now that Im out of your life. Because I know you really don't want me anymore. And I can't live with myself. Im sorry I don't want to hurt you or the kids but I cant live without you. I am so sad, unhappy, and you are breaking my heart. I just cant do this anymore. Im sorry. I love you!

*Love your Husband
Joe*

*Good-bye my beautiful
I Love you!
And I sorry.*

Tell Meghan and Joseph I love them & Im sorry.

*Please Forgive me!
Over
↓*

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You have broken my heart and I need to kill this pain.

Interviews with OMH staff:

SW II- Primary Clinician:

The Primary Clinician met with Mr. King two weeks prior to his death. She noted that he reported regular contact with his family and he reported beginning to go back to AA/NA. She reported that she was surprised by Mr. King's death due to how adamant he would be in session about his previous attempt and how he could never go through that again. At the same time, she was not surprised due to the difficulties that he was reporting coping with his mental health symptoms and his increase in illicit substance use at that time. The clinician reported that Mr. King was not interested in treatment or worksheets, he demonstrated little motivation to work through his issues and continued to request medication for his symptoms. She reported that when she met with Mr. King she could easily identify the times that he came to session high and attempted to address this with him as a concern about his mental health.

M.D.- Psychiatrist:

The psychiatrist met with Mr. King six times prior to his death, the last on October 16, 2018. She reported that Mr. King did appear to be presenting with symptoms of depression and anxiety, however his use of illicit drugs at this time made treatment difficult. It was difficult



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for her to work through what were true symptoms of his mental illness and what was due to his drug use and withdrawal from the substances. Mr. King at times presented as medication seeking for which the psychiatrist tried to educate him on his symptoms, medication, and substance use. They discussed Mr. King's diagnosis of Adjustment Disorder, Mixed Anxiety and Depression with the psychiatrist. She felt that this diagnosis remained appropriate for the patient even five years after initial diagnosis due to his constant difficulties adjusting to prison, programs, and substance use.

Peer interviews

Staff at Midstate Correctional Facility spoke with peers from the unit following Mr. King's death. Information noted here is gathered from the staff interviews.

T.A.

T.A. met with staff following the death of Mr. King. He reported that he spoke with Mr. King the previous day about his wife "being on the verge of leaving him." T.A. also stated that Mr. King reported "I can't do this anymore," but T.A. thought this was in reference to his bid and having to do the program he was in again as he was recently brought back after being kicked out. T.A. expressed concern that there were no Suicide Prevention/Warning Sign posters in the unit and feels that he could have done more to help his friend. He noted that Mr. King had a previous suicide attempt and wondered if OMH had done enough to help Mr. King.

C.S.

C.S. was a peer on the same unit as Mr. King. C.S. reported that he was surprised by Mr. King's death. He noted that he knew Mr. King and his wife were having problems.

J.M.

J.M. reported that not only was he a peer living on the same unit as Mr. King, but he is also the peer who conducts orientation for those coming onto the unit for programming. J.M. reported that Mr. King spoke to him the most on the unit and he felt as if he "failed him" by not doing more to help Mr. King. J.M. reported that he would try to help Mr. King decrease his negativity and improve his hope. J.M. recalled a conversation: "He [Mr. King] told me he couldn't do this anymore. I figured he meant the bid; the program, being in prison. I didn't know that he meant life. He confided in me that his wife was going to leave him. I tried to give him words of encouragement... I feel like I could have done more. I could have said something."

M.L.

M.L. was brief in his interaction with staff. He reported that he "identified" with Mr. King in that they both had marital problems. He did not identify any other stressors or concerns regarding Mr. King prior to his death.

Other



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Available information noted that Mr. King had several phone numbers on his list that included his mother, wife, children, and siblings. Mr. King made multiple calls to his wife, daughter, son, and sister two days prior to his death. It appears that he had regular phone conversations with his family on a daily/almost daily basis, but none the day before and day of his death.

Records indicated that Mr. King had near weekly visits from his wife over the previous two years, but the last documented visit was in April of 2018. Throughout his incarceration he had regular visits from his mother and siblings. His children were also noted to attend visits with Mr. King, the last was documented to be with his daughter on November 12, 2018.

Autopsy/Toxicology Report

An Autopsy was conducted by Onondaga County Health Department Center for Forensic Sciences. Upon review of Mr. King's body and evidence, they determined the causing to death to be hanging. Toxicology reports indicated that he had Prozac, Remeron, and Zoloft in his system at the time of his death.

PREDISPOSING FACTORS- PRECIPITANTS/TRIGGERS:

Mr. King possessed chronic and acute risk factors for suicide. He had a documented history of mental health treatment beginning in the community and throughout his incarceration. Though there was a history, he did not appear to be fully engaged or motivated while in treatment. Mr. King had an extensive substance abuse history prior to his incarceration, which was also a contributing factor in his instant offense. Per the patient's own admission in his sessions, he was continuing to use illicit substances with little understanding of their negative effects on his mental health symptoms. He also had one serious suicide attempt while he was incarcerated following withdrawal from substances.

Additionally, Mr. King had alluded to marital issues as a reason for his substance use, though notes reported that he continued to have contacts and visits with his wife. It appears as if this breakdown of his relationship had a greater effect on him than he reported to staff.

It appears that Mr. King's history of back pain and head trauma were both caused by and treated by his use of alcohol and other substances which placed him at increased risk for overdose.

A specific prison related risk factor would be his upcoming board (July 2019) for which he expressed concerns about having to remain in prison for another two years as he was hit at a previous board. Again, his concerns appeared to be due to his disciplinary history and not completing his programs due to getting caught using Suboxone.

SUMMARY/RECOMMENDATIONS:

Mr. King was admitted to mental health services at the time of admission to prison on August 15, 2013 due to an active medication order from county jail. As per policy, Mr. King was scheduled to be seen monthly by the clinician and he attended his callouts. At some



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facilities, the primary clinician is part of coordinating VTC's for their patients when an onsite psychiatrist is not available.

- If a clinician is sitting in on the VTC session and wants it to be considered a monthly contact, it is important for the clinician to write a full monthly progress note versus just saying that he or she was present for the VTC to be compliant with policy.

Mr. King also spent a significant amount of time in RCTP dorm following a suicide attempt. Nursing policy was followed to indicate that this individual was under the RCTP care, documenting their interactions with the patient, however there was a large period of time where the RCTP clinician did not have documented contact.

- Though policy only indicates that patients housed in RCTP dorm need to be seen once a week, it may be beneficial to see a patient more frequently if he or she is there for long periods of time. It would also be beneficial for more frequent follow-ups when the team receives information from a patient's family that the patient is engaging in odd behavior.
- The few months prior to Mr. King's death he was presenting with a higher level of reported anxiety as documented by the clinician and psychiatrist notes.
- It might be beneficial for a clinician to schedule patients more frequently for a period of time when it is noted that they are having an increase in difficulties in managing their symptoms.

Mr. King was made a mental health level 1S in August of 2016. This change occurred following his July suicide attempt.

- Though patients can be designated an S due to recent suicide attempts, his diagnosis of Adjustment Disorder should have been revisited as his symptoms persisted longer than six months.
- If needed, a testing referral should have been submitted to assist in diagnostic clarification.

Respectfully submitted,

Handwritten signature of Megan Sanders, PhD.
Megan Sanders, PhD
Associate Psychologist

Handwritten signature of Leigh Ross, Psy.D.
Leigh Ross, Psy.D.
Licensed Psychologist